

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Type::	REGULAR
Subject Matter::	UTILITY
CD-ROM or CD-R?::	NONE
Title::	<u>NOVEL METHOD OF SELECTING</u> <u>IMMUNOSUPPRESSANT HAVING</u> <u>LITTLE THROMBOCYTOPENIC EFFECT</u>
Attorney Docket Number::	264163US0PCT
Total Drawing Sheets::	16

INVENTOR INFORMATION

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Japan
Status::	FULL CAPACITY
Given Name::	Takao
Family Name::	FUJIMURA
City of Residence::	Osaka
Country of Residence::	Japan
Street of Mailing Address::	c/o Fujisawa Pharmaceutical Co., Ltd., 4-7, Doshomachi 3-chome, Chuo-ku, Osaka-shi
City of Mailing Address::	Osaka
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	541-8514
Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Japan
Status::	FULL CAPACITY
Given Name::	Hiroaki
Family Name::	MORI
City of Residence::	Osaka
Country of Residence::	Japan
Street of Mailing Address::	c/o Fujisawa Pharmaceutical Co., Ltd., 4-7, Doshomachi 3-chome, Chuo-ku, Osaka-shi
City of Mailing Address::	Osaka
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	541-8514

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Japan
Status::	FULL CAPACITY
Given Name::	Katsuhiko
Family Name::	YOSHIZAWA
City of Residence::	Osaka
Country of Residence::	Japan
Street of Mailing Address::	c/o Fujisawa Pharmaceutical Co., Ltd., 4-7, Doshomachi 3-chome, Chuo-ku, Osaka-shi
City of Mailing Address::	Osaka
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	541-8514

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Japan
Status::	FULL CAPACITY
Given Name::	Yoko
Family Name::	TAKATA
City of Residence::	Osaka
Country of Residence::	Japan
Street of Mailing Address::	c/o Fujisawa Pharmaceutical Co., Ltd., 4-7, Doshomachi 3-chome, Chuo-ku, Osaka-shi
City of Mailing Address::	Osaka
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	541-8514

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Japan
Status::	FULL CAPACITY
Given Name::	Ichiro
Family Name::	ARAMORI
City of Residence::	Osaka
Country of Residence::	Japan
Street of Mailing Address::	c/o Fujisawa Pharmaceutical Co., Ltd., 4-7, Doshomachi 3-chome, Chuo-ku, Osaka-shi
City of Mailing Address::	Osaka
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	541-8514

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: Japan
Status:: FULL CAPACITY
Given Name:: Hideaki
Family Name:: MATSUOKA
City of Residence:: Osaka
Country of Residence:: Japan
Street of Mailing Address:: c/o Fujisawa Pharmaceutical Co., Ltd., 4-7, Doshomachi 3-chome, Chuo-ku, Osaka-shi
City of Mailing Address:: Osaka
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address:: 541-8514

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: Japan
Status:: FULL CAPACITY
Given Name:: Akira
Family Name:: UNAMI
City of Residence:: Osaka
Country of Residence:: Japan
Street of Mailing Address:: c/o Fujisawa Pharmaceutical Co., Ltd., 4-7, Doshomachi 3-chome, Chuo-ku, Osaka-shi
City of Mailing Address:: Osaka
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address:: 541-8514

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: Japan
Status:: FULL CAPACITY
Given Name:: Takahisa
Family Name:: NOTO
City of Residence:: Osaka
Country of Residence:: Japan
Street of Mailing Address:: c/o Fujisawa Pharmaceutical Co., Ltd., 4-7, Doshomachi 3-chome, Chuo-ku, Osaka-shi
City of Mailing Address:: Osaka
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address:: 541-8514

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 22850

REPRESENTATIVE INFORMATION

Representative Customer Number:: 22850

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/JP03/08621	07/07/03

FOREIGN PRIORITY INFORMATION

Application Number:	Country::	Filing Date::	Priority Claimed::
2002-203901	Japan	07/12/02	YES

ASSIGNMENT INFORMATION

Assignee Name:: FUJISAWA PHARMACEUTICAL CO., LTD.
Street of Mailing Address:: 4-7, Doshomachi 3-chome, Chuo-ku, Osaka-shi
City of Mailing Address:: Osaka
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address:: 541-8514